



**Chappelle Gardens, Inc.
24 Johnson Terrace
Hartford, CT 06120
Tel: 860-728-0073**

DEAR APPLICANT: YOU ARE APPLYING FOR FEDERALLY SUBSIDIZED HOUSING - **INCOME LIMITS APPLY**. PLEASE BE ADVISED THAT YOU ARE APPLYING FOR A WAITING LIST.

BEFORE YOU FILL OUT THE APPLICATION THERE ARE SEVERAL ITEMS WHICH SHOULD BE CONSIDERED SO THAT YOU PLAINLY UNDERSTAND ALL PROCEDURES PERTAINING TO THE APPLICATION. THESE ARE:

1. **IDENTIFICATION**

WE REQUIRE THREE (3) FORMS OF IDENTIFICATION, A GOVERNMENT ISSUED PICTURE I.D. (**LICENSE, PASSPORT, ETC**), ORIGINAL BIRTH CERTIFICATES (**LONG FORM**) FOR ALL HOUSEHOLD MEMBERS, AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS.

2. **INCOME VERIFICATION**

IF YOU OR ANY MEMBER OF THE HOUSEHOLD IS EMPLOYED PLEASE BRING WITH YOU YOUR THE LAST **8** PAY STUBS (BI-WEEKLY **6**). WE WILL ALSO HAVE YOU SIGN AN "EMPLOYMENT VERIFICATION FORM" AUTHORIZING US TO REQUEST INFORMATION FROM YOUR CURRENT EMPLOYER.

3. **RENTAL HISTORY**

PLEASE BRING WITH YOU A COPY OF YOUR LAST THREE (3) RENT RECEIPTS OR CANCELLED CHECKS AND SIGN THE LANDLORD VERIFICATION. WE WILL HAVE YOU SIGN A "LANDLORD VERIFICATION "FORM, WHICH WE WILL MAIL TO YOUR CURRENT AND PAST LANDLORDS FOR A REFERENCE.

4. **OTHER INCOME**

IN ADDITION TO YOUR PAY STUBS, IF YOU HAVE ANY OTHER FORM OF INCOME (CHILD SUPPORT, ALIMONY, SOCIAL SECURITY, ETC) THAT INCOME WILL ALSO NEED TO BE VERIFIED. PLEASE FILL IN THE ATTACHED APPLICATION COMPLETELY, LISTING ALL SOURCES OF HOUSEHOLD INCOME AND WE WILL HAVE YOU SIGN ALL THE APPROPRIATE VERIFICATION AUTHORIZATION FORMS WHEN YOU RETURN THE APPLICATION.

5. ONCE THE APPLICATION IS COMPLETED AND THE YOU HAVE ALL THE DOCUMENTS LISTED ABOVE, PLEASE CONTACT OUR OFFICE MANAGER (860) 728-0073 TO SCHEDULE AN APPOINTMENT FOR AN APPLICATION INTERVIEW.

6. **YOU HAVE TO SIGN OUR DRUG POLICY FORM.**

7. **A TENANT DECLARATION FORM MUST BE FILLED OUT FOR EACH MEMBER OF THE FAMILY, DECLARING CITIZENSHIP STATUS.**

8. **EACH ADULT MEMBER OF THE FAMILY (18 AND OLDER) MUST SIGN A RELEASE FORM FOR A**

Chappelle Gardens, Inc discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

CREDIT AND BACKGROUND CHECK. IF APPLYING FOR MARKET RENT THERE IS A \$50.00 PROCESSING FEE FOR EACH ADULT APPLICANT.

9. ONCE WE HAVE RECEIVED YOUR LANDLORD VERIFICATIONS BACK FROM YOUR LANDLORD(S), WE WILL ATTEMPT TO COMPLETE ALL CREDIT INFORMATION WITHIN FIVE (5) WORKING DAYS.

10. ALL ADULT MEMBER OF THE HOUSEHOLD (18 AND OLDER) MUST SIGN THE HUD FORMS 9887 AND 9887A.

11. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS RECEIVED.

12. OUR DECISION TO ACCEPT OR REJECT YOUR APPLICATION WILL BE BASED ON ALL OF THE INFORMATION THAT YOU PROVIDE US AS WELL AS THE THIRD PARTY VERIFICATIONS AND CREDIT AND BACKGROUND INVESTIGATION. YOUR APPLICATION MAY BE REJECTED IF:

1. **YOU HAVE AN UNFAVORABLE CREDIT HISTORY; WHICH INCLUDES ANY PAST-DUE UTILITIES OR IF THE HEAD OF HOUSEHOLD OR CO-HEAD HAS A PAST DUE BALANCE ON THEIR CREDIT THAT TOTALS \$2,500 OR GREATER.**

2. **YOU HAVE A HISTORY OF LATE PAYMENTS;**

3. **YOU HAVE AN UNFAVORABLE REFERENCE FROM YOUR CURRENT OR PAST LANDLORD;**

4. **YOU HAVE AN EVICTION, ARREST OR CONVICTION RECORD;**

5. **YOUR HOUSEHOLD EXCEEDS THE INCOME LIMITS AS PUBLISHED BY HUD;**

6. **YOU HAVE FALSIFIED THE INFORMATION ON YOUR APPLICATION;**

7. **YOUR APPLICATION IS INCOMPLETE, AND WE DO NOT HAVE THE NECESSARY INFORMATION TO PROCESS IT.**

13. YOU WILL BE NOTIFIED IF YOU ARE ACCEPTED OR REJECTED BY MAIL. IF YOU ARE ACCEPTED YOU WILL BE PLACED ON THE WAITING LIST AS OF THE DATE YOUR APPLICATION IS ACCEPTED.

14. IF YOU ARE ACCEPTED, IT WILL BE YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE OF ANY CHANGE IN YOUR STATUS (JOB, RESIDENCE, FAMILY OR PHONE) WHILE YOU ARE ON THE WAITING LIST. IF WE ARE UNABLE TO REACH YOU AT THE TIME YOUR NAME COMES TO THE TOP OF THE WAITING LIST, YOU WILL BE REMOVED FROM THE LIST.

WE THANK YOU FOR YOUR INTEREST IN OUR APARTMENTS.

PLEASE SIGN BELOW TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THE ABOVE

SIGNATURE APPLICANT 1

DATE

SIGNATURE APPLICANT 2

DATE

CHAPPELLE GARDENS, INC DOES NOT DISCRIMINATE BASED UPON RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, .SEX, AGE, FAMILIAL STATUS, AND DISABILITY.

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**Chappelle Gardens, Inc
 24 Johnson Terrace
 Hartford, CT 06120
 Tel: 860-728-0073**

Property applying for: **Chappelle Gardens, Inc**

Bedroom size requested: Two Bedroom Three Bedroom Four Bedroom

If you or a member of your family are a person with disabilities and feel that a reasonable accommodation by us would allow you to become qualified, please contact us and we will meet with you to discuss your application.

Do you or any other household member need an accommodation in completing this rental application because of a Disability or Handicap? ___Yes ___No

A. HOUSEHOLD COMPOSITION

The following information is required by HUD for all who would live in the apartment, including yourself:
 Please list the HEAD of household first.

Relationship to HEAD	Name	Marital Status *	Date of Birth	Place of Birth	Age	Social Security #
HEAD						
Co-Head						

M: married, D: divorced, S: single, L: legally separated, E: estranged, W: Widowed

Is the above listed the entire household to occupy the unit? YES NO

If NO, list and explain: _____

Do you anticipate any additions to the household in the next twelve (12) months? YES NO

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Do you have full custody or shared of your child (ren)? _____

Explanation: _____

Are there any absent household members who under normal conditions would live with you? **(For example, a spouse away in the military.)**

Explanation: _____

For background check, please list all counties/states where you and all adult household members (18 years or older) have ever lived. (Example: Hartford/Connecticut):

Name: _____ Counties/States: _____

Name: _____ Counties/States: _____

The following information will be required by the federal government to monitor this owner's compliance with Equal Housing opportunity and Fair housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished

Race/National Origin:

- White
- American Indian / Alaskan Native
- Black or African American
- Hispanic or Latino
- Asian
- Other _____
- Native Hawaiian or Other Pacific Islander
- I do not wish to furnish this information

Chappelle Gardens, Inc does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status, or physical or mental disability.

“It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, gender, familial status, disability, age, marital status, sexual orientation or source of income pursuant to Conn. Gen. Stat. Sections 46a-64d and 46a-81e and the Federal Fair Housing Act, 42 U.S.C. Section 6301 et. Seq.

B. STUDENT STATUS

Will any family member be enrolled as a full-time or part-time student at an institution of higher education over the Next 12 months? Yes _____ No _____

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No

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Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	Yes	No

C. INCOME

List all sources of income for all household members as requested below:

Household Member Name	Source of Income (employment, pension, alimony, child support, social security, disability, unemployment compensation)	Gross Monthly Amount

Employment Information (1)

Household member:	
Employer:	
Position held:	How long employed:
Gross Monthly Income:	

Employment Information (2)

Household member:	
Employer:	
Position held:	How long employed:
Gross Monthly Income:	

Employment Information (3)

Household member:	
Employer:	
Position held:	How long employed:
Gross Monthly Income:	

Alimony

Are you entitled to receive alimony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, list the amount you are entitled to receive.	\$
Do you receive alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list amount you receive .	

Are you, or is any member of your household, eligible to receive regular pay, special pay or allowances (except hazardous duty pay) from the armed forces? (Must be included if family member is the head or spouse or is over 18 with dependents living in the unit – whether or not the person receiving the compensation resides in the unit)? YES _____ NO _____

D. ASSETS

Checking	#	Bank	Balance
	#	Bank	Balance
		Interest Rate %	
Savings	#	Bank	Balance
	#	Bank	Balance
		Interest Rate %	
Credit Union	#	Bank	Balance
	#	Bank	Balance
Stocks	Name	# of shares	Value
	Name	# of shares	Value
		Interest Rate %	
Savings Bonds	#	Maturity Date	Value
	#	Maturity Date	Value
Certificate	#	Bank	Balance
	#	Bank	Balance
Other	#	Bank	Balance
	#	Bank	Balance

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts, sold or transferred property)? Yes No
<i>If yes</i> , describe the asset
Date of disposition

Amount disposed	\$
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Are there any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		

Real Estate Property: <i>Do you own any property?</i>	Yes	No
<i>If yes, Type of property</i>		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Do you, or any member of your household have their name on anyone else bank account that does not belong to any household members listed on the rental application? _____

E. ADDITIONAL INFORMATION

Have you or any member of your family ever been evicted from any housing? ___Yes___No

Is anyone in your household have been convicted of a Felony? ___Yes ___No

If yes, please explain:

Have you or anyone else named on this application ever been convicted for possession or sale of any controlled substances? ___Yes ___No

Have you or anyone else named on this application ever been convicted of a sexual offense? ___Yes ___No

Are you or anyone else on the application a registered lifetime sex offender? ___Yes ___No
If yes, what City and State are you're currently registered in?

Is this applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.? ___ Yes ___No

Is the applicant family displaced by government action through no fault of their own? ___Yes
___No

Is the applicant family displaced due to domestic violence? ___Yes ___No

F. RENTAL HISTORY

Applicant Name: _____ Phone #: _____

Email Address: _____

Are you currently receiving SUBSIDY? _____ Are you listed on someone's subsidy? _____ (ex: parents, guardian.)

Current Address: _____

How Long: _____ Current Rent: _____

Landlord's Name -Address: _____

Telephone Number: _____ Fax Number: _____ Email Address: _____

Previous Address: _____

How Long: _____ Amount of Rent: _____

Landlord's Name Address: _____

Telephone Number: _____ Fax Number: _____ Email Address: _____

Previous Address: _____

How Long: _____ Amount of Rent: _____

Landlord's Name Address: _____

Telephone Number: _____ Fax Number: _____ Email Address: _____

Previous Address: _____

How Long: _____ Amount of Rent: _____

Landlord's Name Address: _____

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Telephone Number: _____ Fax Number: _____ Email Address: _____

Previous Address: _____

How Long: _____ Amount of Rent: _____

Landlord's Name Address: _____

Telephone Number: _____ Fax Number: _____ Email Address: _____

Previous Address: _____

How Long: _____ Amount of Rent: _____

Landlord's Name Address: _____

Telephone Number: _____ Fax Number: _____ Email Address: _____

G. REFERENCE INFORMATION

Personal Reference	
Name:	
Address:	
Relationship:	Phone:

H. VEHICLE INFORMATION

List any cars, trucks or other vehicles owned.

Type of vehicle:	Plate#
Year/Make:	Color:
Type of vehicle:	Plate#
Year/Make:	Color:

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Are you or any other ADULT household members claiming zero income? YES NO

Household Member: _____

Explanation: _____

Will you or any other ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

If any member of your household need a unit with special design features, Please check the appropriate box:

Mobility Vision Hearing Other _____

(a) Do you or any other household members need an apartment with special features for people with disabilities?

Explanation:

(b) Do you or any other household member need an accommodation because of a disability?

Explanation:

CERTIFICATION/RELEASE

Management has a NO TOLERANCE policy for drugs. If you are applying and have a drug conviction, we will not provide you with housing.

RELEASE: In consideration for being permitted to apply for this apartment, I (applicant) do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/employee/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person or credit checking agency having any information on him/her to release any and all information to the owner/manager/employee/agent or their credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity all owner/manager/employee/agent, both of the landlord and their credit checking agencies in connection of processing, investigating or credit checking this application and will hold them harmless from any suit or reprisal whatever. I/we also understand that a credit check may be run again after the time of our move out for collection purposes.

I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's Tenant Selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy. ALL APPLICANTS OVER THE AGE OF 18 MUST SIGN THIS APPLICATION.

By signing this form, the person(s) named above consent to the release of credit information to Chappelle Gardens, Inc for the purpose of evaluating the applicant for rental of an apartment. Such information shall not be disclosed to any other persons without applicant(s) consent.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Other Family Member 18 or over	_____ Date
_____ Other Family Member 18 or over`	_____ Date
_____ Other Family Member 18 or over`	_____ Date
_____ Other Family Member 18 or over`	_____ Date